

DOMESTIC PROFIT CORPORATION

MAKE REMITTANCE PAYABLE TO:
FILING FEE \$15.00

STATE OF HAWAII

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
BUSINESS REGISTRATION DIVISIONORIGINAL RETURN BY MARCH 31
PENALTY FOR LATE FILING1010 Richards Street
Mailing Address: P.O. Box 40, Honolulu, HI. 96810

Your cancelled check is your receipt

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1989

CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO RESORT HOTEL CORPORATION
1001 BISHOP STREET
#2200 - PACIFIC TOWER
HONOLULU, HI 96813

DATE	ID	T	SEEN	FILE#	TRAN#
90/04/11	NCO	5		389	-LINE 4- 3
TOTAL AMOUNT \$				15.00	
77678D1					

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL

CLASS/SERIES
COMMONNUMBER
20,000

PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)

CLASS/SERIES
COMMONNUMBER
1,000

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

Holding company

3. OFFICERS/DIRECTORS:

(List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/
DIRECTOR CODE

NAME IN FULL

RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS)
(INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)

P/D	Toshio Kinoshita	6-20-8 Seijo Setagaya-ku, Tokyo JA
V/T	Takeshi Kinoshita	13749 Condesa Drive, Del Mar, CA 92014
V	Masao Wakamori	4-18-18 Katahira Asa Kawasaki Kanagawa JA
S	Tsugio Fukuda	2-22-7 Nakamura Nerima-ku, Tokyo JA
AS	Shunichi Iguchi	95-054 Hokuiwa #111 Mililani Town, HI 96789
D	Franklin K. Mukai	1140 Waiholo St., Honolulu, HI 96821

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and:

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

- ☐ The above information is true and correct and no changes are necessary.
☒ The above information is true and correct with changes so noted.

DATE: March 23 '90Shunichi Iguchi

SIGNATURE OF AUTHORIZED OFFICER,

(If Attorney-in-fact signs, attach power of attorney)

Asst. Secretary

(OFFICE HELD)

FILE NO. 0077678D1

Rev. 12/89

(File this original copy. Photo copy will not be accepted. Keep photo copy for your records.)
(see reverse side for instructions)015-0915-10
015-0915-17

EXHIBIT 2

DOMESTIC PROFIT CORPORATION

STATE OF HAWAII

MAKE REMITTANCE PAYABLE TO:
FILING FEE: \$15.00DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
BUSINESS REGISTRATION DIVISIONORIGINAL RETURN BY MARCH 31
PENALTY FOR LATE FILING

1010 Richards Street

Your cancelled check is your receipt

Mailing Address: P.O. Box 40, Honolulu, HI. 96810

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1989

CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (HAWAII) CO., LTD.
95-176 KUAHELANI AVENUE
MILILANI, HI 96789DATE ID T SER# FILE# TRAN#
90/04/25 GHA 3 8 -LINE 4-1988
TOTAL AMOUNT \$ 15.00
6126001

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL

PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)

CLASS/SERIES
COMMONNUMBER
20,000CLASS/SERIES
COMMONNUMBER
13,998

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS: HOLDING COMPANY

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/
DIRECTOR CODE

NAME IN FULL

RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS)
(INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)

*P/S/T/D KINOSHITA, TOSHIO
 *V/D WAKAMORI, MASAO
 *AG *GESHIDA, TAKASHI
 *AT NISHIDA, YASUO
 *D MUKAI, FRANKLIN K
 V Takeshi Kinoshita
 V Tsugio Fukuda

6-20-SEIJO SETAGAYA TOKYO JA
 4-18-18 KATAHIRA ASA KAWASAKI KANAGAWA PR
~~9-25-4 SHONAN-DAI FUJITSUBA CITY JA~~
~~1745 NANA ST #102 WAILUKU HI 96753~~
 1140 WAIHOLE ST HON HI 96821
 160 Hoanua St.
 13749 Condesa Drive, Del Mar, CA 92014
 2-22-7 Nakamura Nerima-ku, Tokyo JA

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and:

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

- ☐ The above information is true and correct and no changes are necessary.
☒ The above information is true and correct with changes so noted.

DATE: March 26, 1990

SIGNATURE OF AUTHORIZED OFFICER,

Asst. Treasurer

(OFFICE HELD)

FILE NO. 0061260D1
Rev. 12/89

(If Attorney-in-fact signs, attach power of attorney)
 (see reverse side for instructions)

015-0915-10
015-0915-17

DOMESTIC PROFIT CORPORATION

MAKE REMITTANCE PAYABLE TO:
FILING FEE: \$15.00STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
BUSINESS REGISTRATION DIVISION
1010 Richards Street
Mailing Address: P.O. Box 40, Honolulu, HI. 96810ORIGINAL RETURN BY MARCH 31
PENALTY FOR LATE FILING

Your cancelled check is your receipt

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1989

CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (MILILANI) CO., LTD.
95-176 KUAHELANI AVENUE
MILILANI, HI 96789DATE ID T SEQ# FILE# TRANS
90/04/29 GHA 3 4 -LINE 4-1988
TOTAL AMOUNT \$ 15.00
45719D1

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL		PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)	
CLASS/SERIES	NUMBER	CLASS/SERIES	NUMBER
COMMON	20,000	COMMON	10,998

To correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS: GOLF COURSE OPERATION
(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
*P/S/T/D	KINOSHITA, TOSHIO	6-20-B SEIJO SETAGAY TOKYO JA
*V/D	WAKAMORI, MASAO	4-18-1B KATAMIRA ASA KAWASAKI KANAGAWA PR
*AS	YOSHIDA, TAKASHI	3-25-4 SHONAN-DAI FUJISAWA CITY JA
*AS	IGUCHI, SHUNJICHI	95-054 HOKUIWA ST #1 MILILANI HI 96789
*AT	NISHIDA, YASUO	227A HIGLANI ST PUKAANI HI 96768
*D	MUKAI, FRANKLIN	1140 WAIHOLA ST HON HI 96821
V	Takeshi Kinoshita	13749 Condesa Drive, Del Mar, CA 92014
V	Tsugio Fukuda	2-22-7 Nakamura Nerima-ku, Tokyo JA

160 Hoana St.
Wailuku, HI 96793

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and:

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

- ☐ The above information is true and correct and no changes are necessary.
☒ The above information is true and correct with changes so noted.

DATE: March 26, 1990

SIGNATURE OF AUTHORIZED OFFICER,
(if Attorney-in-fact signs, attach power of attorney)Asst. Treasurer
(OFFICE HELD)FILE NO. 0065719D1 (File this original copy. Photo copy will not be accepted. Keep photo copy for your records.)
Rev. 12/89 (see reverse side for instructions)015-0915-10
015-0915-17

DOMESTIC PROFIT CORPORATION

MAKE REMITTANCE PAYABLE TO
FILING FEE \$15.00

STATE OF HAWAII

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
BUSINESS REGISTRATION DIVISION

1010 Richards Street

Mailing Address: P.O. Box 40, Honolulu, HI. 96810

ORIGINAL RETURN BY MARCH 31
PENALTY FOR LATE FILING

Your cancelled check is your receipt

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1989
CORPORATE NAME AND MAILING ADDRESS:SPORTS SHINKO (KAUAI) CO., LTD.
2545 KIAHUNA PLANTATION DRIVE
KOLOA, HI 96756B17 00089244 13- 3/16/93 15.00
B22 00089245 13- 3/16/93 40.00

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL CLASS/SERIES	NUMBER	PAID-IN CAPITAL CLASS/SERIES	NUMBER OF SHARES ISSUED/NUMBER
Common	20,000	Common	3,998

To Correct the above capital(s), line out and print the correct class-series and numbers on the right.

2. NATURE OF BUSINESS: Golf Course Operation

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/ NAME IN FULL RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS)
DIRECTOR CODE INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE

P/S/T/D	KINOSHITA, Toshio	6-20-8 Seijo Setagaya-Ku	Tokyo Japan
VP/D	WAKAMORI, Masao	4-18-18 Katahira Asao-Ku	
		Kawasaki Kanagawa Pref.	Japan
AS	YOSHIDA, Takeshi	3-25-4 Shonan-Dai Fujisawa City	Japan
AT	NISHIDA, Yasuo	160 Hoauna St., Wailuku, HI	96793
D	MUKAI, Franklin K.	1140 Waiholo St., Honolulu, HI	96821

MAR 11 10 27 AM '93

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and:

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

- ☐ The above information is true and correct and no changes are necessary.
☐ The above information is true and correct with changes so noted.

DATE: 03/03/93

SIGNATURE OF AUTHORIZED OFFICER,

If Attorney-in-fact signs, attach power of attorney

Assistant Treasurer
(OFFICE HELD)FILE NO. 123818 D1 (File this original copy. Photo copy will not be accepted. Keep photo copy for your records.
Rev. 12/90 (see reverse side for instructions)B17 15-
B22 YD

DOMESTIC PROFIT CORPORATION
MAKE REMITTANCE PAYABLE TO:
FILING FEE: \$15.00

STATE OF HAWAII

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
BUSINESS REGISTRATION DIVISION
1010 Richards Street
Mailing Address: P.O. Box 40, Honolulu, HI. 96810

ORIGINAL RETURN BY MARCH 31
PENALTY FOR LATE FILING

Your cancelled check is your receipt

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1989

CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (PUKALANI) CO., LTD.
360 PUKALANI STREET
PUKALANI, HI 96788

DATE ID T SEQ# FILE# TRAN#
90/04/06 RKN 4 128 -LINE 4-3143
TOTAL AMOUNT \$ 15.00
6956601

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL		PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)	
CLASS/SERIES	NUMBER	CLASS/SERIES	NUMBER
COMMON	20,000	COMMON	1,000

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

Golf Course Operation

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/ NAME IN FULL
DIRECTOR CODE

RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS)
(INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)

P/D	Toshio Kinoshita	6-20-8 Seijo Sezagaya Ku Tokyo Japan
V	Takeshi Kinoshita	13749 Condesa Drive, Del Mar, Ca. 92014
S	Tsugio Fukuda	2-22-7 Nakamura Nerima-Ku Tokyo 176 Japan
T	Yasuo Nishida	160 Hoana St., Wailuku, HI 96793
D	Franklin K. Mukai	1140 Waihole St., Honolulu, Hawaii 96821

MAR 20 10 05 AM '90

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and:

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

- ☐ The above information is true and correct and no changes are necessary.
☒ The above information is true and correct with changes so noted.

DATE: _____

Franklin K. Mukai
SIGNATURE OF AUTHORIZED OFFICER.
(If Attorney-in-fact signs, attach power of attorney)

Treasurer
(OFFICE HELD)

FILE NO. 0069566D1
Rev. 12/89

(File this original copy. Photo copy will not be accepted. Keep photo copy for your records.)
(See reverse side for instructions)

015-0915-10
015-0915-17



DOMESTIC PROFIT CORPORATION
MAKE REMITTANCE PAYABLE TO:
FILING FEE \$15.00

STATE OF HAWAII

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
BUSINESS REGISTRATION DIVISION

ORIGINAL RETURN BY MARCH 31
PENALTY FOR LATE FILING

1010 Richards Street

Mailing Address: P.O. Box 40, Honolulu, HI. 96810

Your cancelled check is your receipt

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1990

CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO RESORT HOTEL CORPORATION
1001 BISHOP STREET
#2200 - PACIFIC TOWER
HONOLULU, HI 96813

DATE 91/06/29 ID B17 4 T 51-FILE LINE 4-15
TOTAL AMOUNT \$ 15.00
7767801

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL	PAID-IN CAPITAL
CLASS/SERIES	NUMBER OF SHARES ISSUED
COMMON	NUMBER
	20,000
	17000 3000

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

HOLDING COMPANY

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
*P/D	KINDSHITA, TOSHIO	6-20-B SEIJO SETAGAY SEE RPT
*V/T	KINDSHITA, TAKESHI	13749 CONDESA DR DEL MAR CA 92014
*V	KAKAMORI, MAGAO	4-18-18 KATAHIRA SEE RPT
*S/D	FUKUDA, TSUGIO	2-22-7 NAKAMURA SEE RPT
*AS	LOUCH, SHUNTOHI	95-054 HONOLULU HI 96826
*D	MUKAI, FRANKLIN K	1140 WAIHOLE ST HON HI 96721
V/D	KAWASAKI, TOMIO	525 BABA KAIZUKA, CITY OSAKA, 541-01 Japan
AS/D	SOEJIMA, KOICHI	581 KAMOKU ST #908 HNL HI 96826
V	YAMAMOTO, IWANE	5-45-2 Mataubara Setagaya-ku Tokyo, Japan

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and:

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

- () The above information is true and correct and no changes are necessary.
() The above information is true and correct with changes so noted.

DATE: March 19, 1991

Koichi Soejima
SIGNATURE OF AUTHORIZED OFFICER,

(If Attorney-in-fact signs, attach power of attorney)

Asst. Secretary

(OFFICE HELD)

FILE NO. 0077678D1 (File this original copy. Photo copy will not be accepted. Keep photo copy for your records.)
Rev. 12/90 (see reverse side for instructions)

B17

B22



DOMESTIC PROFIT CORPORATION

MAKE REMITTANCE PAYABLE TO:
FILING FEE: \$15.00

STATE OF HAWAII

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
BUSINESS REGISTRATION DIVISIONORIGINAL RETURN BY MARCH 31
PENALTY FOR LATE FILING

1010 Richards Street

Mailing Address: P.O. Box 40, Honolulu, HI. 96810

Your cancelled check is your receipt

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1990

CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (HAWAII) CO., LTD.
95-176 KUAHELANI AVENUE
MILILANI, HI 96789DATE 91/07/05 ID B17 3 T SEQ# FILE# 129 -LINE 4- 81
TOTAL AMOUNT \$ 15.00
61260D1

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL

CLASS/SERIES
COMMONNUMBER
20,000

PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)

CLASS/SERIES
COMMONNUMBER
12,938

16,798

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

HOLDING COMPANY

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS:

(List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/
DIRECTOR CODE

NAME IN FULL

RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS)
(INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)

*P/S/T/D KINOSHITA, TOSHIO
 *V/D ~~WAKAMORI, MASAO~~
 *V/D KINOSHITA, TAKESHI
 *V/D FUKUDA, TSUGIO
 *AT NISHIDA, YASUO K
 *D MUKAI, FRANKLIN K

5-20-SEIJO SETAGAYA TOKYO JA
~~4-10-10 KATAHITA ASA KAWAGAKI KANAGAWA PR~~
 19749 CONDESA DR DEL MAR CA 92014
 2-22-7 NAKAMURA NERI TOKYO JA
 160 HOAUNA ST WAILUKU HI 96793
 1140 WAIHOLO ST HON HI 96821

AS/D Soejima, Koichi

581 KAMOKU ST #908 HNL, HI 96826

V/D KAWASAKI, Tamio

525 BABA KAIZUKA CITY, OSAKA 567-01 Japan

V YAMAMOTO, IWANE

5-45-2 Mataubara Setagaya-Ku Tokyo, Japan 156

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and:

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

- ☐ The above information is true and correct and no changes are necessary.
☐ The above information is true and correct with changes so noted.

DATE: March 19, 1991

Koichi Soejima
 SIGNATURE OF AUTHORIZED OFFICER,
 (If Attorney-in-fact signs, attach power of attorney)

Asst. Secretary

(OFFICE HELD)

FILE NO. 0061260D1 (File this original copy. Photo copy will not be accepted. Keep photo copy for your records.)
 Rev. 12/90 (see reverse side for instructions)

B17
B22

DOMESTIC PROFIT CORPORATION
MAKE REMITTANCE PAYABLE TO:
FILING FEE: \$15.00

STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
BUSINESS REGISTRATION DIVISION

ORIGINAL RETURN BY MARCH 31
PENALTY FOR LATE FILING

1010 Richards Street
Mailing Address: P.O. Box 40, Honolulu, HI. 96810

Your cancelled check is your receipt

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1990
CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (MILILANI) CO., LTD.
95-176 KUAHELANI AVENUE
MILILANI, HI 96789

DATE ID T SEQ# FILE# TRAN#
91/05/17 B17 3 237 -LINE 4- 210
TOTAL AMOUNT \$ 15.00
65719D1

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL	PAID-IN CAPITAL	NUMBER OF SHARES ISSUED
CLASS/SERIES	CLASS/SERIES	NUMBER
COMMON	COMMON	10,998
		20,000

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

GOLF COURSE OPERATION

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
*P/S/T/D	KINOSHITA, TOSHIO	6-20-8 SEIJO SETAGAY TOKYO JA
*V/D	WAKAMORI, MASAO	4-19-18 KATAMURA ASA KAWASAKI KANAGAWA PR
*V/D	KINOSHITA, TAKESHI	13749 CONDESA DR DEL MAR CA 92014
*AS	TGUCHI, SHUNICHI	95-054 HOKUWA ST HI MILILANI HI 96789
*AT	NISHIDA, YASUO	160 HOAUNA ST WAILUKU HI 96793
*D	MUKAI, FRANKLIN	1140 WAIHOLO ST HON HI 96821
*V	FUKUDA, TSUGIO	2-22-7 NAKAMURA NERI TOKYO JA

AS/D Soejima, Koichi

581 KAMOKU STREET #908 HONOLULU, HAWAII 96826
525 BABA KATZURA CITY OSAKA 597-01 Japan

V/D KAWASAKI, Tsmio

V YAMAMOTO IWANE

5-45-2 Matsubara Setagaya-ku Tokyo, Japan 156

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and:

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

- ☐ The above information is true and correct and no changes are necessary.
☒ The above information is true and correct with changes so noted.

DATE: 3/20/91

Koichi Soejima
SIGNATURE OF AUTHORIZED OFFICER,

Asst. Secretary

(OFFICE HELD)

If Attorney-in-fact signs, attach power of attorney)

FILE NO. 0065719D1 (File this original copy. Photo copy will not be accepted. Keep photo copy for your records.)
Rev. 12/90 (see reverse side for instructions)

B17
B22



DOMESTIC PROFIT CORPORATION

STATE PERMITTANCE PAYABLE TO
FILING FEE \$16.00

STATE OF HAWAII

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
BUSINESS REGISTRATION DIVISIONORIGINAL RETURN BY MARCH 31
PENALTY FOR LATE FILING

1010 Richards Street

Mailing Address: P.O. Box 40, Honolulu, HI. 96810

Your cancelled check is your receipt

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1990

CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (PUKALANI) CO., LTD.
360 PUKALANI STREET
PUKALANI, HI 96788

B17 00113503 13- 4/30/91 15.00

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL

CLASS/SERIES
COMMONNUMBER
20,000

PAID-UP CAPITAL NUMBER OF SHARES ISSUED

CLASS/SERIES
COMMONNUMBER
1,000

To correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

OCCUP COURSE OPERATION

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE)

3. OFFICERS/DIRECTORS:

(List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on this right. See instructions on back of form.)

OFFICE HELD

DIRECTOR CODE

*P/D/T

*V

*S

*AT

*D

V/D

AS/D

NAME IN FULL

KINOSHITA, TOSHIO

KINOSHITA, YAKESHI

FUKUDA, ISUOIC

NISHIDA, YASUO T.

MUKAI, FRANKLIN K

KAWASAKI, Tomio

BOEJIMA, Koichi

RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS)

(INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)

6-20-8 SEIJO SETAGAY TOKYO JAPAN

13748 CONDESA DR DEL MAR CA 92014

3-22-Y NAKAMURA NERI TOKYO 176 JA

180 MOALANI ST WAILUKU HI 96793

1140 WATKINS ST HON HI 96821

515 Baba Kaizuka-Shi Osaka, Japan

581 Kamoku St., #908, Honolulu HI 96828

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and:

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

[] The above information is true and correct and no changes are necessary.

[] The above information is true and correct with changes so noted.

DATE: 4/7/91

James H. Hinkle

SIGNATURE OF AUTHORIZED OFFICER,

or Attorney-in-fact signs, attach power of attorney

FILE NO. 0069566D1

Rev. 12/90

(File this original copy. Photo copy will not be accepted. Keep photo copy for your records.)

(see reverse side for instructions)

*James H. Hinkle**James H. Hinkle*Assistant Treasurer
OFFICE HELDB17 15
B22

DOMESTIC PROFIT CORPORATION

MAKE REMITTANCE PAYABLE TO:
FILING FEE: \$15.00

STATE OF HAWAII

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
BUSINESS REGISTRATION DIVISIONORIGINAL RETURN BY MAIL
PENALTY FOR LATE

1010 Richards Street

Mailing Address: P.O. Box 40, Honolulu, HI. 96810

Your cancelled check is your

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1990

CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (WAIKIKI) CORPORATION
1001 BISHOP STREET
#2200-PACIFIC TOWER
HONOLULU, HI 96813DATE 91/06/29 817 4 481 -LINE 4- 101
TOTAL AMOUNT \$ 15.00
79478D1If the above mailing address has changed, line out address and type or print the new address on the following line. G
Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL

CLASS/SERIES
COMMONNUMBER
20,000

PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)

CLASS/SERIES
COMMONNUMBER
4,000 2000

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

TO OWN AND OPERATE HOTELS

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/
DIRECTOR CODE

NAME IN FULL

*P/Y/D KINOSHITA, TOSHIO
*V/D KINOSHITA, TAKESHI
*V/D KAWASAKI, TOMIO
*S/D FUKUDA, TSUGIO
*D/AS MUKAI, FRANKLIN KRESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS)
(INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
6-20-8 SEIJO SETAGAYA-KU TOKYO JA
COSTA DEL MAR ROAD CARLSBAD CA 92008
525 BABA KAIZUKA-CIT OSAKA 587-01 JAPAN
2-22-7 NAKAMURA NERI TOKYO 176 JAPAN
1140 WAIHOLO STREET HONOLULU HI 96813

AS/D SOEJIMA, KOICHI

581 KAMOKU ST #908 HNL, HI 96826

V YAMAMOTO, IWANE

5-45-2 Matsubara Setagaya-Ku Tokyo, Japan 156

* CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and:

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

[] The above information is true and correct and no changes are necessary.

[] The above information is true and correct with changes so noted.

DATE: March 19, 1991

SIGNATURE OF AUTHORIZED OFFICER,

Asst. Secretary
(OFFICE HELD)FILE NO. 0079478D1
Rev. 12/90(File this original copy. Photo copy will not be accepted. Keep photo copy for your records
(see reverse side for instructions)B17
B22

DOMESTIC PROFIT CORPORATION
MAKE REMITTANCE PAYABLE TO:
FILING FEE \$15.00

STATE OF HAWAII

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
BUSINESS REGISTRATION DIVISION

ORIGINAL RETURN BY MARCH 31
PENALTY FOR LATE FILING

1010 Richards Street

Mailing Address: P.O. Box 40, Honolulu, HI. 96810

Your cancelled check is your receipt

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1991

CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO RESORT HOTEL CORPORATION
1001 BISHOP STREET
#2200 - PACIFIC TOWER
HONOLULU, HI 96813

DATE ID T SEQ# FILE# TRAN#
92/04/20 B17 4 789 -LINE 4- 172
TOTAL AMOUNT \$ 15.00
77678D1

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL

CLASS/SERIES
COMMON

NUMBER
20,000

PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)

CLASS/SERIES
COMMON

NUMBER
3000

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

HOLDING COMPANY

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/
DIRECTOR CODE

NAME IN FULL

RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS)
(INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)

*P/D
*V/T V/D KINOSHITA, TOSHIO
*V/D KINOSHITA, TAKESHI
*V/D KAWASAKI, TOMIO
*S/D T/D FUKUDA, TSUGIO
*AS/D S/D SOEJIMA, KOICHI
*V S/D YAMAMOTO, IWANE

6-20-B SEIJO SETAGAY SEE RPT
13749 CONDESA DR DEL MAR CA 92014
~~525 BABA KAZUOKA CIT OSAKA 537-01 JA~~
2-22-7 NAKAMURA SEE RPT
501 KAMOKU ST 500 HON-HI 96826
5 45 2 MATAUBARA SET TOKYO JA 156

✓ Tamita, Shigeru
AS Nishida, Yasuo
D Mukai, Franklin K.

6175 Makaniolu Pl, Hon. HI 96821
160 Hahaione St., Wailuku, HI 96793
1140 Waiholo St., Hon. HI 96821

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and:

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

- ☐ The above information is true and correct and no changes are necessary.
☒ The above information is true and correct with changes so noted.

DATE:

SIGNATURE OF AUTHORIZED OFFICER,
(If Attorney-in-fact signs, attach power of attorney)

(OFFICE HELD)

FILE NO. 0077678D1
Rev. 12/90

(File this original copy. Photo copy will not be accepted. Keep photo copy for your records.)
(see reverse side for instructions)

B17
B22

DOMESTIC PROFIT CORPORATION

MAKE REMITTANCE PAYABLE TO:
FILING FEE \$15.00

STATE OF HAWAII

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
BUSINESS REGISTRATION DIVISION

1010 Richards Street

Mailing Address: P.O. Box 40, Honolulu, HI. 96810

ORIGINAL-RETURN BY MARCH 31
PENALTY FOR LATE FILING

Your cancelled check is your receipt

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1991
CORPORATE NAME AND MAILING ADDRESS:SPORTS SHINKO (HAWAII) CO., LTD.
95-176 KUAHELANI AVENUE
MILILANI, HI 96789DATE ID T SEQ# FILE# TRAN#
92/04/20 B17 4 783 -LINE 4- 172
TOTAL AMOUNT \$ 15.00
61260D1

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL

CLASS/SERIES
COMMONNUMBER
20,000

PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)

CLASS/SERIES
COMMONNUMBER
18,996

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

HOLDING COMPANY

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/
DIRECTOR CODE

NAME IN FULL

RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS)
(INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)

~~P/S/T/B~~ KINGSHITA, TOSHIO
~~S/D~~ YAMAMOTO, IWANE
~~V/D~~ KINGSHITA, TAKESHI
~~T/D~~ FUKUDA, TSUGIO
~~AT~~ NISHIDA, YASUO K
~~D~~ MUKAI, FRANKLIN K
~~AS/D~~ JOEJIMA, KOICHI
~~V/D~~ KAWASAKI, TOMIO

6-20-SEIJO SETAGAYA TOKYO JA
 5-4-52 MATAUBARA SET KU TOKYO JA 156
 13748 CONDESA DR DEL MAR CA 92014
 2-22-7 NAKAMURA NERI TOKYO JA
 160 HOALUNA ST WAILUKU HI 96793
 1140 WAIHOLO ST HON HI 96821
 501 KAMUKU ST. #908 HON HI 96828
 525 BABA KATZUKACITY OSAKA JA 597-01

6175 Makaniolu Pl, Hon HI 96821

Tomio, Shigeru

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and:

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

- ☐ The above information is true and correct and no changes are necessary.
☒ The above information is true and correct with changes so noted.

DATE:

Jared Richards
 SIGNATURE OF AUTHORIZED OFFICER,
 (If Attorney-in-fact signs, attach power of attorney)

(OFFICE HELD)

FILE NO. 0061260D1
Rev. 12/90(File this original copy. Photo copy will not be accepted. Keep photo copy for your records.)
(see reverse side for instructions)B17
B22

DOMESTIC PROFIT CORPORATION

MAKE REMITTANCE PAYABLE TO:
FILING FEE \$15.00

STATE OF HAWAII

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
BUSINESS REGISTRATION DIVISION

1010 Richards Street

Mailing Address: P.O. Box 40, Honolulu, HI. 96810

ORIGINAL RETURN BY MARCH 31
PENALTY FOR LATE FILING

Your cancelled check is your receipt

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1991

CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (MILILANI) CO., LTD.
95-176 KUAHELANI AVENUE
MILILANI, HI 96789DATE 92/04/20 B17 4 T SEQ# FILE# TRAN#
785 -LINE 4- 172
TOTAL AMOUNT \$ 15.00
65719D1

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL		PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)
CLASS/SERIES	NUMBER	CLASS/SERIES
COMMON	20,000	COMMON
		NUMBER
		10,998

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

GOLF COURSE OPERATION

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
P/S/H/B/P/D	KINOSHITA, TOSHIO	6-20-8 SEIJO SETAGAY TOKYO JA
*V/D	KINOSHITA, TAKESHI	13749 CONDESA DR DEL MAR CA 92014
*AT	NISHIDA, YASUO	160 HOAUNA ST WAILUKU HI 96793
*D	MUKAI, FRANKLIN	1140 WAINOLO ST HON HI 96821
V/T	FUKUDA, TSUGIO	2-22-7 NAKAMURA NERI TOKYO JA
A/S/D	SOEJIMA, KOICHI	584 KAMOKU STR #900 HONOLULU, HI 96820
V/D	KAWASAKI, TOMIA	525 DABA KATZUKA GIT 527-01 JAPAN
S/D	YAMAMOTO, IWANE	5-45-2 MATSUBARA SET U TOKYO, JAPAN 156
A-S	Tsujimoto, Takuya	1661 Pec Rd #4204 Kala, HI 96756

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and:

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

- ☐ The above information is true and correct and no changes are necessary.
- ☒ The above information is true and correct with changes so noted.

DATE: _____

SIGNATURE OF AUTHORIZED OFFICER,

(If Attorney-in-fact signs, attach power of attorney)

(OFFICE HELD)

FILE NO. 0065719D1
Rev. 12/90(File this original copy. Photo copy will not be accepted. Keep photo copy for your records.)
(see reverse side for instructions)B17
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DOMESTIC PROFIT CORPORATION

MAKE REMITTANCE PAYABLE TO:
FILING FEE \$15.00

STATE OF HAWAII

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
BUSINESS REGISTRATION DIVISION

1010 Richards Street

Mailing Address: P.O. Box 40, Honolulu, HI. 96810

ORIGINAL RETURN BY MAIL
PENALTY FOR LATE

Your cancelled check is your

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1991

CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (KAUAI) CO., LTD.
2545 KIAHUNA PLANTATION DRIVE
KOLOA, HI 96756DATE ID 1 SEQ# FILE# TRANS
92/04/08 B17 4 769 -LINE 4- 138
TOTAL AMOUNT \$ 15.00
6381801

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL		PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)
CLASS/SERIES	NUMBER	CLASS/SERIES
COMMON	20,000	COMMON
		NUMBER
		3,998

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

GOLF COURSE OPERATION

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
*P/S/T/D	KINOSHITA, TOSHIO	6-20-8 SEIJO SETAGAY TOKYO JA
*V	KINOSHITA, TAKESHI	13749 CONDESA DR DEL MAR CA 92014
*S/T	FUKUDA, TSUGIO	2-22-7 NAKAMURA NERI TOKYO 176 JA
*W/D	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
*AT	NISHIDA, YASUO	160 MOAUNA ST WAILUKU HI 96793
*D	MUKAI, FRANKLIN K	1140 WAIHOLE ST HON HI 96821
XXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
AS	Tsujimoto, Takuya	1661 Pe'e Rd. Kololo, HI 96756
S/D	Yamamoto, Iwane	5 45 2 Matsubara Set Tokyo JA 156

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and:

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

- ☐ The above information is true and correct and no changes are necessary.
- ☐ The above information is true and correct with changes so noted.

DATE: March 19, 1992

SIGNATURE OF AUTHORIZED OFFICER,
(if Attorney-in-fact signs, attach power of attorney)Asst. Secretary
(OFFICE HELD)FILE NO. 0063818D1
Rev. 12/90(File this original copy. Photo copy will not be accepted. Keep photo copy for your records.)
(see reverse side for instructions)B17
B22

DOMESTIC PROFIT CORPORATION

MAKE REMITTANCE PAYABLE TO:
FILING FEE: \$15.00

STATE OF HAWAII

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
BUSINESS REGISTRATION DIVISION

1010 Richards Street

Mailing Address: P.O. Box 40, Honolulu, HI. 96810

ORIGINAL RETURN BY MARCH 31
PENALTY FOR LATE FILING

Your cancelled check is your receipt

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1991

CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (PUKALANI) CO., LTD.
360 PUKALANI STREET
PUKALANI, HI 96788DATE ID T SEQ# FILE# TRAN#
92/04/08 B17 3 13 -LINE 4- 81
TOTAL AMOUNT \$ 15.00
69566016956601

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL	PAID-IN CAPITAL	NUMBER OF SHARES ISSUED
CLASS/SERIES	NUMBER	CLASS/SERIES
COMMON	20,000	COMMON
		NUMBER
		1,000

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

GOLF COURSE OPERATION

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
*P/D/Z	KINOSHITA, TOSHIO	6-20-8 SEIJO SETAGAY TOKYO JAPAN
*V	KINOSHITA, TAKESHI	13748 CONDESA DR DEL MAR CA 92014
*S T	FUKUDA, TSUGIO	2-22-7 NAKAMURA NERI TOKYO 176 JA
*AT	NISHIDA, YASUO	160 HOAUNA ST WAILUKU HI 96793
*D	MUKAI, FRANKLIN K	1140 WAIHOLO ST HON HI 96821
*V	KAWASAKI, TOMIO	5-45-2 Matsubara, Setagayaku, Tokyo Japan
*S/D	YAMAMOTO, Iwane	1661 Pee Rd. #4204, Koloa, Kauai, Hawaii 96756
AS	TSUJIMOTO, Takuya	

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and:

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

- ☐ The above information is true and correct and no changes are necessary.
- ☒ The above information is true and correct with changes so noted.

DATE:

3/10/92

SIGNATURE OF AUTHORIZED OFFICER,

(If Attorney-in-fact signs, attach power of attorney)

(OFFICE HELD)

FILE NO. 0069566D1

Rev. 12/90

(File this original copy. Photo copy will not be accepted. Keep photo copy for your records.)
(see reverse side for instructions)B17 15
B22

DOMESTIC PROFIT CORPORATION
MAKE REMITTANCE PAYABLE TO:
FILING FEE: \$15.00

STATE OF HAWAII

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
BUSINESS REGISTRATION DIVISION

ORIGINAL RETURN BY MARCH 31
PENALTY FOR LATE FILING

1010 Richards Street
Mailing Address: P.O. Box 40, Honolulu, HI. 96810

Your cancelled check is your receipt

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1991
CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (WAIKIKI) CORPORATION
1001 BISHOP STREET
#2200-PACIFIC TOWER
HONOLULU, HI 96813

DATE ID T SEQ# FILE# TRAN#
92/04/20 B17 4 787 -LINE 4- 172
TOTAL AMOUNT \$ 15.00
79478D1

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL		PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)
CLASS/SERIES	NUMBER	CLASS/SERIES
COMMON	20,000	COMMON
		NUMBER
		2,000

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

TO OWN AND OPERATE HOTELS

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
P/D	KINOSHITA, TOSHIO	6-20-6 SEIJO SETAGAYA-KU TOKYO JA
V/D	KINOSHITA, TAKESHI	COSTA DEL MAR ROAD CARLSBAD CA 92009
V/D	KAWASAKI, TOMIO	525 SADA KATZUKA GIT OSAKA 597 01 JAPAN
S/D	FUKUDA, TSUGIO	2-22-7 NAKAMURA NERI TOKYO 176 JAPAN
AS/D	MUKAI, FRANKLIN K	1140 WAIHOLD STREET HONOLULU HI 96821
AS/D	SOEJIMA, KEIICHI	581 KAMOKU ST. #908 HON HI 96826
V	YAMAMOTO, IWANE	5-45-2 MATSUBARA SET TOKYO JA 156
V/P	Tomita, Shigeru	6175 Makaniolu Pl, Han. HI 96821
AS	Nishida, Yasuo	160 Hoanua St. Wailuku, HI 96793

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and:

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

- ☐ The above information is true and correct and no changes are necessary.
☒ The above information is true and correct with changes so noted.

DATE: _____

[Signature]
SIGNATURE OF AUTHORIZED OFFICER
(If Attorney-in-fact signs, attach power of attorney)
(see reverse side for instructions)

[Signature]
(OFFICE HELD)

FILE NO. 0079478D1
Rev. 12/90

(File this original copy. Photo copy will not be accepted. Keep photo copy for your records.)

B17
B22



DOMESTIC PROFIT CORPORATION

MAKE REMITTANCE PAYABLE TO:
FILING FEE \$15.00

STATE OF HAWAII

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
BUSINESS REGISTRATION DIVISIONORIGINAL RETURN BY MAIL
PENALTY FOR LATE

1010 Richards Street

Mailing Address: P.O. Box 40, Honolulu, HI 96810

Your cancelled check is your

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1992
CORPORATE NAME AND MAILING ADDRESS:SPORTS SHINKO RESORT HOTEL CORPORATION
1001 BISHOP STREET
#2200 - PACIFIC TOWER
HONOLULU HI 96813DATE 30 SEP 1993
93/03/29 HLF
TOTAL AMOUNT 1
7767801If the above mailing address has changed, line out address and type or print the new address on the following line. C
Number, Street, City, State, and Zip Code:
OCEAN RESORT HOTEL WALKER, 175 Paokalani Ave., Honolulu, HI 96813

1. AUTHORIZED CAPITAL		PAID-IN CAPITAL NUMBER OF SHARES ISSUED	
CLASS/SERIES	NUMBER	CLASS/SERIES	NUMBER
COMMON	20,000	COMMON	3000

To correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

HOLDING COMPANY

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS. (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
*P/D	KINOSHITA, TOSHIO	6-20-8 SEIJO SETAGAYA
*V/D	KINOSHITA, TAKESHI	13749 CONDESA DR
*V	TOMITA, SHIGERU	5175 MAKANIOLU PL.
*T/D	FUKUDA, TSUGIO	2-22-7 NAKAMURA
*AS	NISHIDA, YASUO	160 MOAUNA ST
*S/D	YAMAMOTO, IWANE	5 45 2 WATAUGARA SETAGAYA KU
*D	MUKAI, FRANKLIN K	1140 WAIHOLE ST.

DEL MAR CA 92014
HON HI 96821WAILUKU HI 96793
TOKYO JA 156
HON HI 96821

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and:

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

- ☐ The above information is true and correct and no changes are necessary.
- ☐ The above information is true and correct with changes so noted.

DATE: Feb 19, 1993

SIGNATURE OF AUTHORIZED OFFICER,

Attorney-in-fact signs, attach power of attorney!

Assistant Secretary
(OFFICE HELD)FILE NO. 0077678D1
Rev. 12/90(File this original copy. Photo copy will not be accepted. Keep photo copy for your rec
(see reverse side for instructions)B17
B22

DOMESTIC PROFIT CORPORATION

MAKE REMITTANCE PAYABLE TO:
FILING FEE \$15.00

STATE OF HAWAII

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
BUSINESS REGISTRATION DIVISIONORIGINAL RETURN BY MARCH 31
PENALTY FOR LATE FILING

1010 Richards Street

Mailing Address: P.O. Box 40, Honolulu, HI. 96810

Your cancelled check is your receipt

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1992

CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (HAWAII) CO., LTD.
95-176 KUAHELANI AVENUE
MILILANI HI 96789

DATE	ID	T	SEQ#	FILE#	TRAN#
93/04/13	B17	3		466	-LINE 4-1197
TOTAL AMOUNT \$					15.00
6126001					

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL	PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)
CLASS/SERIES	CLASS/SERIES
COMMON	COMMON
NUMBER 20,000	NUMBER 16,998

To correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

HOLDING COMPANY

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
*P/D	KINOSHITA, TOSHIO	6-20-SEIJO SETAGAYA KU TOKYO JA
*S/D	YAMAMOTO, IWANE	5-4-52 MATAUSARA SETAGAYA-KU TOKYO JA 156
*V/D	KINOSHITA, TAKESHI	13749 CONDESA DR DEL MAR CA 92014
*T/D	FUKUDA, TSUGIO	2-22-7 NAKAMURA NERIMA-KU TOKYO JA
*AT	NISHIDA, YASUO K	160 HOAUNA ST WAILUKU HI 96793
*D	MUKAI, FRANKLIN K	1140 WAIHOLE ST HON HI 96821
*V	TOMITA, SHIGERU	6175 MAKANIQUULU PL HON HI 96821

RECEIVED
BUSINESS REGISTRATION
DIVISION
STATE OF HAWAII
MAR 31 3 56 PM '93
DEPARTMENT OF
COMMERCE AND
CONSUMER AFFAIRS

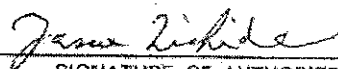
CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and:

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

- ☒ The above information is true and correct and no changes are necessary.
☐ The above information is true and correct with changes so noted.

DATE: 2/16/93



SIGNATURE OF AUTHORIZED OFFICER,

(If Attorney-in-fact signs, attach power of attorney)

Assistant Treasurer
(OFFICE HELD)FILE NO. 0061260D1
Rev. 12/90(File this original copy. Photo copy will not be accepted. Keep photo copy for your records.)
(see reverse side for instructions)B17
B22

DOMESTIC PROFIT CORPORATION

MAKE REMITTANCE PAYABLE TO:
FILING FEE: \$15.00

STATE OF HAWAII

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
BUSINESS REGISTRATION DIVISION

1010 Richards Street

Mailing Address: P.O. Box 40, Honolulu, HI. 96810

ORIGINAL RETURN BY MARCH 31
PENALTY FOR LATE FILING

Your cancelled check is your receipt

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1992

CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (MILILANI) CO., LTD.
95-176 KUAHELANI AVENUE
MILILANI HI 96789DATE 12-31-92
93/13/10
TOTAL AMOUNT \$15.00
65719D1

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL		PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)	
CLASS/SERIES	NUMBER	CLASS/SERIES	NUMBER
COMMON	20,000	COMMON	10,998

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS: GOLF COURSE OPERATION
(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
*P/D	KINGSHITA, TOSHIO	6-20-8 SEIJO SETAGAYA-KU TOKYO JA
*V/D	KINGSHITA, TAKESHI	13749 CONDESA DR DEL MAR CA 92014
*AT	NISHIDA, YASUO	160 HOAUNA ST WAILUKU HI 96786
*D	MUKAI, FRANKLIN	1140 WAIHOLO ST HON HI 96821
*T	FUKUDA, TSUGIO	2-22-7 NAKAMURA NERIMA-KU TOKYO JA
*S/D	YAMAMOTO, IWANE	5-45-2 MATSUBARA SETAGAYA-K U TOKYO, JAPAN
*AS	YUJIMOTO, TAKUYA	1661 PEE' RD #4204 KOLDA HI 96756

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and:

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

- ☒ The above information is true and correct and no changes are necessary.
☐ The above information is true and correct with changes so noted.

DATE: 2/16/93

James Kirkide

SIGNATURE OF AUTHORIZED OFFICER,

(If Attorney-in-fact signs, attach power of attorney)

Assistant Treasurer

(OFFICE HELD)

FILE NO. 0065719D1
Rev. 12/90(File this original copy. Photo copy will not be accepted. Keep photo copy for your records.)
(see reverse side for instructions)B17
B22

DOMESTIC PROFIT CORPORATION

MAKE REMITTANCE PAYABLE TO:
FILING FEE: \$15.00

STATE OF HAWAII

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
BUSINESS REGISTRATION DIVISION

1010 Richards Street

Mailing Address: P.O. Box 40, Honolulu, HI. 96810

ORIGINAL RETURN BY MARCH 31
PENALTY FOR LATE FILING

Your cancelled check is your receipt

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1992

CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (KAUAI) CO., LTD.
2545 KIAHUNA PLANTATION DRIVE
KOLOA HI 96756

B17 00089243 13- 3/16/93 15.00

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL		PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)
CLASS/SERIES	NUMBER	CLASS/SERIES
COMMON	20,000	COMMON
		NUMBER
		3,996

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

GOLF COURSE OPERATION

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
P//*/*D	KINOSHITA, TOSHIO	6-20-8 SEIJO SETAGAYA-KU TOKYO JA
*V/D	KINOSHITA, TAKESHI	13749 CONDESA DR DEL MAR CA 92014
*T	FUKUDA, TSUGIO	2-22-7 NAKAMURA NERI TOKYO 176 JA
*AS	YUJIMOTO, TAKUYA	1661 PE'E RD KOLOA HI 96756
*AT	NISHIDA, YASUO	160 HOAUNA ST WAILUKU HI 96793
*D	MUKAI, FRANKLIN K	1140 WAIHOLO ST HON HI 96821
*S/D	YAMAMOTO, IWANE	5 34 2 MATSUBARA SET TOKYO JA 156

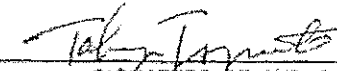
CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and:

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

- ☐ The above information is true and correct and no changes are necessary.
- ☐ The above information is true and correct with changes so noted.

DATE: February 24, 1993



SIGNATURE OF AUTHORIZED OFFICER.

(If Attorney-in-fact signs, attach power of attorney)



(OFFICE HELD)

FILE NO. 0063818D1
Rev. 12/90(File this original copy. Photo copy will not be accepted. Keep photo copy for your records.)
(see reverse side for instructions)B17 15
B22

DOMESTIC PROFIT CORPORATION

MAKE REMITTANCE PAYABLE TO:
FILING FEE \$15.00

STATE OF HAWAII

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
BUSINESS REGISTRATION DIVISION

1010 Richards Street

Mailing Address: P.O. Box 40, Honolulu, HI. 96810

ORIGINAL RETURN BY MARCH 31
PENALTY FOR LATE FILING

Your cancelled check is your receipt

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1992
CORPORATE NAME AND MAILING ADDRESS:SPORTS SHINKO (PUKALANI) CO., LTD.
360 PUKALANI STREET
PUKALANI HI 96788

B17 000402 2- 3/17/93 15.00

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL	NUMBER	PAID-IN CAPITAL	NUMBER OF SHARES ISSUED
CLASS/SERIES		CLASS/SERIES	NUMBER
COMMON	20,000	COMMON	1,000

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

GOLF COURSE OPERATION

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
*P/D	KINOSHITA, TOSHIO	6-20-8 SEIJO SETAGAYA-KU TOKYO JAPAN
*V/D	KINOSHITA, TAKESHI	13749 CONDESA DR DEL MAR CA 92014
*T	FUKUDA, TSUGIO	2-22-7 NAKAMURA NERIMA-KU TOKYO 176 JA
*AT	NISHIDA, YASUO	160 HOAUNA ST WAILUKU HI 96793
*D	MUKAI, FRANKLIN K	1140 WAIHOLE ST HON HI 96821
*S/D	YANAMOT, IWANE	5-45-2 MATSUBARA SETAGAYAKU TOKYO JA
*AS	TSUJIMOTO, TAKUYA	1661 PEE RD #4204 KOLOA KAUAI HI 96755

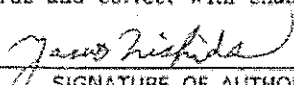
CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and:

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

- ☐ The above information is true and correct and no changes are necessary.
- ☐ The above information is true and correct with changes so noted.

DATE: Feb 18, 1993


 SIGNATURE OF AUTHORIZED OFFICER,
 (If Attorney-in-fact signs, attach power of attorney)

 Assistant Treasurer
 (OFFICE HELD)
FILE NO. 0069566D1
Rev. 12/90(File this original copy. Photo copy will not be accepted. Keep photo copy for your records.)
(see reverse side for instructions)B17 15
B22

DOMESTIC PROFIT CORPORATION

MAKE REMITTANCE PAYABLE TO:
FILING FEE \$15.00

STATE OF HAWAII

DEPARTMENT OF COMMERCE AND CONSUM. AFFAIRS
BUSINESS REGISTRATION DIVISION

1010 Richards Street

Mailing Address: P.O. Box 40, Honolulu, HI. 96810

ORIGINAL RETURN BY MARCH 31
PENALTY FOR LATE FILING

Your cancelled check is your receipt

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1992

CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (WAIKIKI) CORPORATION
1001 BISHOP STREET
#2200-PACIFIC TOWER
HONOLULU HI 96813DATE ID T SED# FILE# TRAN#
93/03/23 B17 4 198 -LINE 4- 990
TOTAL AMOUNT \$ 15.00
79478D1

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL	PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)
CLASS/SERIES	CLASS/SERIES
NUMBER	NUMBER
COMMON	COMMON
20,000	2,000

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

TO OWN AND OPERATE HOTELS

(To correct, line out and print corrections below. If inactive during the period, state [INACTIVE].)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
*P/D	KINOSHITA, TOSHIO	6-20-8 SEIJO SETAGAYA-KU TOKYO JAPAN
*V/D	KINOSHITA, TAKESHI	COSTA DEL MAR ROAD CARLSBAD CA 92009
*V	TOMITA, SHIGERU	6175 MAKANIDLU PL HON HI 96821
*T/D	FUKUDA, TSUGIO	2-22-7 NAKAMURA NERIMA-KU TOKYO 175 JAPAN
*AS/D	MUKAI, FRANKLIN K	1140 WAIHOLO STREET HONOLULU HI 96821
*AS	NISHIDA, YASUO	160 HOANUNA ST WAILUKU HI 96793
*S/D	YAMAMOTO, IWANE	5-45-2 MATSUBARA SETAGAYAKU TOKYO JA 156

RECEIVED
MAR 3 10 30 AM '93
BUSINESS REGISTRATION
DIVISION
STATE OF HAWAII

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and:

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

- ☐ The above information is true and correct and no changes are necessary.
☐ The above information is true and correct with changes so noted.

DATE: Feb 19, 1993

SIGNATURE OF AUTHORIZED OFFICER,

(If Attorney-in-fact signs, attach power of attorney)

Assistant Secretary
(OFFICE HELD)FILE NO. 0079478D1
Rev. 12/90(File this original copy. Photo copy will not be accepted. Keep photo copy for your records.)
(see reverse side for instructions)B17
B22

DOMESTIC PROFIT CORPORATION

STATE OF HAWAII

MAKE REMITTANCE PAYABLE TO:
FILING FEE: \$15.00DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
BUSINESS REGISTRATION DIVISIONORIGINAL RETURN BY MARCH 31
PENALTY FOR LATE FILING

1010 Richards Street

Your cancelled check is your receipt

Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI. 96810

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1993

CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO RESORT HOTEL CORPORATION
~~1001 BISHOP STREET~~
~~#2200 PACIFIC TOWER~~
~~HONOLULU HI 96813~~

DATE: 02/07/94
 94/00072507
 TOTAL AMOUNT
 774720

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL

CLASS/SERIES
COMMONNUMBER
20,000

PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)

CLASS/SERIES
COMMONNUMBER
3000

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

HOLDING COMPANY

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS:

(List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/
DIRECTOR CODE

NAME IN FULL

RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS)

(INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)

*P/D

KINOSHITA, TOSHIO

6-20-8 SEIJO SETAGAYA

DEL MAR CA 92014

*V/D

KINOSHITA, TAKESHI

13748 CONDESA DR

HON HI 96821

*V

TOMITA, SHIGERU

6175 MAKANIDLU PL.

*T/D

FUKUDA, TSUGIO

2-22-7 NAKAMURA

*AS

NISHIDA, YASUO

160 HOLAUNA ST. WAILUKU HI 96793

*S/D

YAMAMOTO, IWANE

545 2 MATAUBARA SETAGAYA KU TOKYO JA 156

*D

MUKAI, FRANKLIN K

1140 WAIHOLA ST.

HON HI 96821

AS

Nishida, Yasuo

95-054 Hokuiwa Street, No. 111
 Mililani Town, Hawaii 96789

Mar 7 12 30 PM '94
 BUSINESS REGISTRATION

SPORTS SHINKO RESORT HOTEL CORPORATION ---- 175 PAOAKALANI AVE. #300
 HONOLULU, HAWAII 96815

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and:

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

☐ The above information is true and correct and no changes are necessary.

☒ The above information is true and correct with changes so noted.

DATE: February 7, 1994

SIGNATURE OF AUTHORIZED OFFICER,

(If Attorney-in-fact signs, attach power of attorney)

(OFFICE HELD)

FILE NO. 0077678D1

Rev. 12/90

(File this original copy. Photo copy will not be accepted. Keep photo copy for your records.)
 (see reverse side for instructions)

B17
 B22



DOMESTIC PROFIT CORPORATION*

MAKE REMITTANCE PAYABLE TO:
FILING FEE: \$15.00

STATE OF HAWAII

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
BUSINESS REGISTRATION DIVISIONORIGINAL RETURN BY MARCH 31
PENALTY FOR LATE FILING

1010 Richards Street

Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI. 96810

Your cancelled check is your receipt

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1993

CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (HAWAII) CO., LTD.
~~95-176 KUAHELANI AVENUE~~
~~MILILANI HI 96789~~DATE ID 7 SE04 FILES TRANS
94/03/23 817 3 66 -LINE 4- 454
TOTAL AMOUNT \$ 15.00
6126001

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL

CLASS/SERIES
COMMONNUMBER
20,000

PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)

CLASS/SERIES
COMMONNUMBER
16,998

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

HOLDING COMPANY

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS:

(List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/
DIRECTOR CODE

NAME IN FULL

RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS)
(INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)

*P/D	KINOSHITA, TOSHIO
*S/D	YAMAMOTO, IWANE
*V/D	KINOSHITA, TAKESHI
*T/D	FUKUDA, TSUGIO
*AT	NISHIDA, YASUO K
*D	MUKAI, FRANKLIN K
*V	TOMITA, SHIGERU

6-20-SEIJO SETAGAYA KU	TOKYO JA
5-4-52 MATAUSARA SETAGAYA-	KU TOKYO JA 156
13749 CONDESA DR	DEL MAR CA 92014
2-22-7 NAKAMURA NERIMA-KU	TOKYO JA
160 HGAUNA ST	WAILUKU HI 96799
1140 WAINHOLD ST	HON HI 96821
6175 MAKANILOU PL	HON HI 96821

Change of address:

Nishida, Yasuo -

95-054 Hokuiwa, No. 111
Mililani Town, Hawaii 96789SPORTS SHINKO (HAWAII) CO., LTD. --- 175 PAOKALANI AVE. #300
HONOLULU, HAWAII 96815RECEIVED
BUSINESS REGISTRATION
DIVISION
MAR 7 12 31 PM '94

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and:

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

- ☐ The above information is true and correct and no changes are necessary.
- ☒ The above information is true and correct with changes so noted.

DATE: February 23, 1994

SIGNATURE OF AUTHORIZED OFFICER,
If Attorney-in-fact signs, attach power of attorney!Assistant Treasurer
OFFICE HELDFILE NO. 0061260D1
Rev. 12/90(File this original copy. Photo copy will not be accepted. Keep photo copy for your records.)
(see reverse side for instructions)B17
B22

DOMESTIC PROFIT CORPORATION
MAKE REMITTANCE PAYABLE TO:
FILING FEE \$15.00

STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
BUSINESS REGISTRATION DIVISION

ORIGINAL RETURN BY MARCH 31
PENALTY FOR LATE FILING

1010 Richards Street
Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI. 96810

Your cancelled check is your receipt

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1993

CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (MILILANI) CO., LTD.
95-176 KUAHELANI AVENUE
MILILANI HI 96789

DATE ID T SEQ# FILE# TRANS#
94/03/10 B17 3 421 -LINE 4- 410
TOTAL AMOUNT \$ 15.00
65719D1

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL	PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)
CLASS/SERIES	CLASS/SERIES
COMMON	COMMON
NUMBER 20,000	NUMBER 10,998

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

GOLF COURSE OPERATION

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
*P/D	KINOSHITA, TOSHIO	6-20-8 SEIJO SETAGAYA-KU TOKYO JA
*V/D	KINOSHITA, TAKESHI	13749 CONDESA DR DEL MAR CA 92014
*AT	NISHIDA, YASUO	166 HOAUNA ST WAILUKU HI 96793
*D	MUKAI, FRANKLIN	1140 WAIHOLO ST HON HI 96821
*T	FUKUDA, TSUGIO	2-22-7 NAKAMURA NERIMA-KU TOKYO JA
*S/D	YAMAMOTO, IWANE	5-45-2 MATSUBARA SETAGAYA-K U TOKYO, JAPAN 156
*AS	TSUJIMOTO, TAKUYA	1661 PEE RD #4204 KOLEA HI 96756

Change of Address:

Nishida, Yasuo - 95-054 Hokuwa, No. 111
Mililani Town, Hawaii 96789

Tsujimoto, Takuya - 160 Hoana Street
Wailuku, Hawaii 96793

RECEIVED
BUSINESS REGISTRATION
DIVISION
FEB 25 2 39 PM '94
DEPARTMENT OF
COMMERCE AND
CONSUMER AFFAIRS
STATE OF HAWAII

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and:

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

- [] The above information is true and correct and no changes are necessary.
[x] The above information is true and correct with changes so noted.

DATE: February 23, 1994

James Hinkle
SIGNATURE OF AUTHORIZED OFFICER,
(If Attorney-in-fact signs, attach power of attorney)

Assistant Treasurer
(OFFICE HELD)

FILE NO. 0065719D1 (File this original copy. Photo copy will not be accepted. Keep photo copy for your records.)
Rev. 12/90 (see reverse side for instructions)

B17
B22



DOMESTIC PROFIT CORPORATION
MAKE REMITTANCE PAYABLE TO:
FILING FEE: \$15.00

STATE OF HAWAII

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
BUSINESS REGISTRATION DIVISION

ORIGINAL RETURN BY MARCH 31
PENALTY FOR LATE FILING

1010 Richards Street

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Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI. 96810

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1993

CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (KAUAI) CO., LTD.
2545 KIAHUNA PLANTATION DRIVE
KOLOA HI 96756

DATE ID T SEQ# FILE# TRAN#
94/03/15 B17 4 346 -LINE 4-2488
TOTAL AMOUNT \$ 15.00
63818D1

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL	PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)
CLASS/SERIES	CLASS/SERIES
COMMON	COMMON
NUMBER 20,000	NUMBER 3,998

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

GOLF COURSE OPERATION

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
*P/D	KINOSHITA, TOSHIO	6-20-B SEIJO SETAGAYA-KU TOKYO JA
*V/D	KINOSHITA, TAKESHI	13749 CONDESA DR DEL MAR CA 92014
*T	FUKUDA, TSUGIO	2-22-7 NAKAMURA NERI TOKYO 176 JA
*AS	TSUJIMOTO, TAKUYA	1001 PETER RD KOLOA HI 96786
*AT	NISHIDA, YASUO	160 HOAUNA ST WAILUKU HI 96793
*D	MUKAI, FRANKLIN K	1140 WAIHOLO ST HON HI 96821
*S/D	YAMAMOTO, IWANE	5 34 2 MATSUBARA SET TOKYO JA 156
*AI	NISHIDA, YASUO	95-054 Hokuiwa #111 Mililani, HI 96789
*AS	TSUJIMOTO, TAKUYA	160 Hoana St. Wailuku, HI 96793

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DEPT. OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and:

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

- ☐ The above information is true and correct and no changes are necessary.
☐ The above information is true and correct with changes so noted.

DATE: February 20, 1994

James L. Liska
SIGNATURE OF AUTHORIZED OFFICER,
(Attorney-in-fact signs, attach power of attorney)

Ernest J. J. J.
(OFFICE HELD)

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DOMESTIC PROFIT CORPORATION

STATE OF HAWAII

MAKE REMITTANCE PAYABLE TO:
FILING FEE \$15.00DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
BUSINESS REGISTRATION DIVISIONORIGINAL RETURN BY MARCH 31
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1010 Richards Street

Your cancelled check is your receipt

Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI, 96810

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1993

CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (PUKALANI) CO., LTD.
360 PUKALANI STREET
PUKALANI HI 96788

B17 00041715

2- 3/17/94

15.00

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL

CLASS/SERIES
COMMONNUMBER
20,000

PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)

CLASS/SERIES
COMMONNUMBER
1,000

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

GOLF COURSE OPERATION

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS:

(List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/
DIRECTOR CODE

NAME IN FULL

RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS)

(INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)

*P/D

KINOSHITA, TOSHIO

6-20-B SEIJO SETAGAYA-KU

TOKYO JAPAN

*V/D

KINOSHITA, TAKESHI

13749 CONDESA DR

DEL MAR CA 92014

*T

FUKUDA, TSUGIO

2-22-7 NAKAMURA NERIMA-KU

TOKYO 176 JA

*AT

NISHIDA, YASUO

~~160 HOAUNA ST~~~~WAILUKU HI 96793~~

*D

MUKAI, FRANKLIN K

1140 WAIHOLO ST

HON HI 96821

*S/D

YAMAMOTO, IWANE

5-45-2 MATSUBARA

SETAGAYAKU TOKYO JA

*AS

TSUJIMOTO, TAKUYA

~~160 HOAUNA ST~~~~WAILUKU HI 96793~~

A/T

NISHIDA, Yasuo

95-054 Hokuwa St./ Apt 111 Mililani Town, HI 96789

A/S

TSUJIMOTO, Takuya

160 Hoana St.,

Wailuku, Hawaii 96793

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MAR 9 11 39 AM '94
DEPARTMENT OF
COMMERCE AND
CONSUMER AFFAIRS
STATE OF HAWAII

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and:

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

☐ The above information is true and correct and no changes are necessary.☒ The above information is true and correct with changes so noted.

DATE: 03/07/94

SIGNATURE OF AUTHORIZED OFFICER,

(if Attorney-in-fact signs, attach power of attorney)

Assistant Secretary

(OFFICE HELD)

FILE NO. 0069566D1

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DOMESTIC PROFIT CORPORATION

MAKE REMITTANCE PAYABLE TO:
FILING FEE \$15.00

STATE OF HAWAII

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
BUSINESS REGISTRATION DIVISIONORIGINAL RETURN BY MARCH 31
PENALTY FOR LATE FILING

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Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI, 96810

Your cancelled check is your receipt

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1993

CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (WAIKIKI) CORPORATION
~~1001 BISHOP STREET~~
~~12200 PACIFIC TOWER~~
HONOLULU HI 96813DATE ID T SEQ# FILE# TRANS
74/03/23 B17 3 67 -LINE 4- 454
TOTAL AMOUNT \$ 15.00
77478D1

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL		PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)	
CLASS/SERIES	NUMBER	CLASS/SERIES	NUMBER
COMMON	20,000	COMMON	2,000

To correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

TO OWN AND OPERATE HOTELS

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
*P/D	KINOSHITA, TOSHIO	6-20-8 SEIJO SETAGAYA-KU TOKYO JAPAN
*V/D	KINOSHITA, TAKESHI	COSTA DEL MAR ROAD CARLSBAD CA 92009
*V	TOMITA, SHIGERU	6175 MAKANIOLU PL HON HI 96821
*T/D	FUKUDA, TSUGIO	2-22-7 NAKAMURA NERIMA-KU TOKYO 176 JAPAN
*AS/D	MUKAI, FRANKLIN K	1140 WAIHOLE STREET HONOLULU HI 96821
*AS	NISHIDA, YASUO	100 HOANUNA ST HONOLULU HI 96793
*S/D	YAMAMOTO, IWANE	5-45-2 MATSUBARA SETAGAYAKU TOKYO JA 156

Change of address:

AS Nishida, Yasuo

95-054 Hokuiwa Street, No. 111
Mililani Town, Hawaii 96789*SPORTS SHINKO(WAIKIKI) CORPORATION--- 175 PAOAKALANI AVE. #300
HONOLULU, HAWAII 96815

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BUSINESS REGISTRATION
DIVISION
MAR 7 12 31 PM '94

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and:

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

- [] The above information is true and correct and no changes are necessary.
 [X] The above information is true and correct with changes so noted.

DATE: February 27, 1994

James K. Hildebrand
 SIGNATURE OF AUTHORIZED OFFICER,
 (if Attorney-in-fact signs, attach power of attorney)

Asisame, Secretary
 (OFFICE HELD)

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